

QUALITY AWARD

\$400

Presented to:				Recipient EIN:	
	Recipient Org:			_Recipient Org:	
From:		Issuer Org:			
Signature:	Bureau Director of Billing Low Or			Billing Low Org:	
			Submit A	ward to Finance for Processing	
\$400	Control	Control Number		Entered into Payroll By: Date:	
Utah	QUALITY	 AWA	 2D	\$400	
Department of Health				Deciniont FIN	
				Recipient EIN:	
Thank you for:				Recipient Org:	
From:		Issuer Org:		Date:	

Bureau Director of Billing Low Org

\$400

Signature:

	Submit Award to Finance for Processing
Control Number	Entered into Payroll
	Ву:
	Date:

Billing Low Org: